

<b>GODDARD SPACE FLIGHT CENTER WORKSHEET FOR TRAVEL VOUCHER</b>		NAME _____		ADVANCE REC'D		YES	NO	METHOD OF PAYMENT DESIRED <input type="checkbox"/> CASH OR CHECK TO BE CALLED FOR <input type="checkbox"/> CHECK TO BE MAILED <input type="checkbox"/> REIMBURSEMENT DELIVERED FROM IMPREST FUND  (This column is for use of the Division office only)	
		ADDRESS _____		AMOUNT \$ _____					

  

**INSTRUCTIONS**

1. To assure prompt and complete payment of your voucher, use this form to keep accurate records of all travel expenses.
2. Attach all unused and used copies of Transportation Requests furnished, unused portions of tickets, and original Travel Orders to this form and return to locally designated office.
3. Attach receipts for cash expenditures in excess of \$15.00 including registration fees.
4. When a car is rented attach copy of rental agreement, if authorization was not used, check this box. ☐
5. When there is a delay in departing and arriving by commercial transportation or private auto, indicate time lost and reason for such delay.
6. DETACH THIS WORKSHEET AND GIVE IT TO YOUR SECRETARY TO COMPLETE YOUR TRAVEL VOUCHER.

  

1. TRANSPORTATION TO AIRPORT	FROM	TO	TO
PRIVATE AUTOMOBILE			
SPEEDOMETER READING			No. of Mi. _____
TAXICAB			\$ _____
LIMOUSINE			\$ _____
OTHER			\$ _____

  

2. ITINERARY GOING TO TEMPORARY DUTY STATION(S)					
DATE	TIME	TERMINAL*	CARRIER	SPEEDOMETER READING	COMMENTS
		L			
		A			
		L			
		A			
		L			
		A			
		L			
		A			
		L			
		A			
		L			
		A			
OTHER					
		\$ _____			
		\$ _____			

  

3. RENTAL AUTO USED (RECEIPT ATTACHED)	
<input type="checkbox"/> GSA	<input type="checkbox"/> GSA CONTRACT
<input type="checkbox"/> GSA	<input type="checkbox"/> GSA CONTRACT
<input type="checkbox"/> COMMERCIAL \$ _____	<input type="checkbox"/> COMMERCIAL \$ _____

  

4. PERIOD OF TEMPORARY DUTY (Official reporting and departing time at TDY Station)					
DATE/TIME	TO	DATE/TIME	COMPANY	CITY	STATE
(1)					
(2)					
(3)					
(4)					

  

5. VICINITY DRIVING (If used break down under "Remarks") on reverse by speedometer readings per day		Total No. of Miles _____	BALANCE FORWARD →
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## 6. ITINERARY COMING TO OFFICIAL DUTY STATION FROM LAST TDY STATION

OTHER \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_(This column is  
for use by the  
Division office  
only)

DATE	TIME	TERMINAL*	CARRIER	SPEEDOME- TER READING	COMMENTS
	L				
	A				
	L				
	A				

## 7. TRANSPORTATION FROM AIRPORT

Parking Fee at \_\_\_\_\_ \$ \_\_\_\_\_

	FROM	TO	TO	
PRIVATE AUTO. (Speedometer Reading)				No of Miles _____
LIMOUSINE				\$ _____
TAXICAB				\$ _____
OTHER				\$ _____

## 8. LIST ADDITIONAL REIMBURSABLE EXPENSES NOT SHOWN.

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 9. REMARKS

_____
_____
_____

GRAND TOTAL

The amount claimed for mileage to and from the airport may not exceed the one-way taxicab fare plus tip.

I certify that GSA or NASA transportation was not available and that the type of car rental used was the most economical available for the official requirements of the traveler(s).

I certify that the telephone calls (telegrams, etc.) made herein were necessary in the interest of the government.

I certify that at the time reservation was made the accommodations used were the lowest available.

SUBSISTENCE FURNISHED BY GOVERNMENT AGENCY OR INCLUDED IN REGISTRATION FEE ☐ Yes ☐ No No. of Meals \_\_\_\_\_ Breakfast @ \$ \_\_\_\_\_

Number of night's lodging \_\_\_\_\_ at \$ \_\_\_\_\_ per night. \_\_\_\_\_ Lunch @ \$ \_\_\_\_\_

\_\_\_\_\_ Supper @ \$ \_\_\_\_\_

TRAVELED AS PASSENGER OF	NAME	TG NO.	HIS AUTOMOBILE	GOV'T AUTOMOBILE	RENT. AUTOMOBILE
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PASSENGERS OF MINE IN	MY AUTOMOBILE	GOV'T AUTOMOBILE	RENT. AUTOMOBILE	NAME	TG NO.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

REQUEST POST APPROVAL FOR: (List any items not covered on travel orders or in excess of maximum allowance and give justification).

\* Unscheduled transportation (private or government automobile) give departure and arrival time of actual location.